

## HAMILTON, BROOK, SMITH &amp; REYNOLDS, P.C.

## DIVISIONAL REISSUE PATENT APPLICATION TRANSMITTAL

ADDRESS TO:

Mail Stop Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attorney Docket No.

1830.1002-015

First Named Inventor

Gary B. Simon

Original Patent Number

US 6,181,260 B1

Original Patent Issue Date  
(Month/Day/Year)

01/30/01

Express Mail Label No.

EV 052031272 US

17513 U.S. PTO  
10/691429

**DIVISIONAL APPLICATION FOR  
REISSUE APPLICATION NO.**  
**10/170,086**

☒ Utility Patent☐ Design Patent☐ Plant Patent

(Check applicable box)

Title of  
Invention

AUTOMATIC WEATHER MONITORING AND ADAPTIVE TRANSMITTING SYSTEM

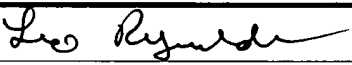
## APPLICATION ELEMENTS (37 C.F.R. 1.173)

## ACCOMPANYING APPLICATION PARTS

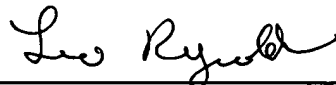
- |   |  |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Reissue Application Fee Transmittal Form<br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent<br/>format (amended, if appropriate)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>4. <input type="checkbox"/> Reissue Oath/Declaration</p> <p>5. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned?<br/><br/> <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>    <input type="checkbox"/> Written Consent of all Assignees, if any</p> <p>    <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (copy)</p> <p>6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer<br/>Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all of the following are necessary)</p> <p>    a. <input type="checkbox"/> Computer Readable Form</p> <p>    b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br/>        <input type="checkbox"/> Pages</p> <p>    c. <input type="checkbox"/> Statements verifying identity of above copies</p> | <p>8. <input checked="" type="checkbox"/> Statement of status and support for all changes to the<br/>claims. See 37 C.F.R. §1.173(c).</p> <p>9. <input checked="" type="checkbox"/> Original U.S. Patent surrendered (filed w/Reissue Appl. on<br/>6/11/02.)<br/>    <input type="checkbox"/> Ribboned Original Patent Grant<br/>    <input type="checkbox"/> Statement of Loss</p> <p>10. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119 or 365) (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure      <input type="checkbox"/> Copies of IDS<br/>    Statement (IDS)/PTO-1449      Citations</p> <p>12. <input type="checkbox"/> English Translation of Reissue Oath/Declaration<br/>(if applicable)</p> <p>13. <input type="checkbox"/> Power of Attorney w/ 3.73(b)</p> <p>14. <input type="checkbox"/> Small Entity Statement(s)</p> <p>15. <input type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>17. <input checked="" type="checkbox"/> Other: <u>New Preliminary Amendment</u></p> |
|---|--|

## 18 CORRESPONDENCE ADDRESS

NAME	Customer No. 021005				
	HAMILTON, BROOK, SMITH & REYNOLDS, P.C.				
ADDRESS	530 Virginia Road, P.O. Box 9133				
CITY	Concord	STATE	MA	ZIP CODE	01742-9133
COUNTRY	USA	TELEPHONE	(978) 341-0036	FAX	(978) 341-0136

Signature		Date	10/22/03
Submitted by Typed or Printed Name	Leo R. Reynolds	Reg. Number	20,884

# HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

<b>DIVISIONAL REISSUE APPLICATION FEE TRANSMITTAL FORM</b>						Docket Number (Optional) 1830.1002-015			
Claims as filed - Part 1									
Claims in Patent	FOR	Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity		
				Rate	Fee		Rate	Fee	
(A) 32	TOTAL CLAIMS (37 CFR 1.16(j))	(B) 32	**** =	x \$ 9 =	\$ 0	OR	x \$ 18 =	\$	
(C) 13	INDEPENDENT CLAIMS (37 CFR 1.16(i))	(D) 7	* =	x \$ 43 =	\$ 0		x \$ 86 =	\$	
Basic Fee (37 C.F.R. 1.16(h))						\$	385		
Total Filing Fee						\$	385		
							OR	\$ 770	
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
TOTAL CLAIMS (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ 9 =	\$	OR	x \$ 18 =	\$
INDEPENDENT CLAIMS (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 43 =	\$		x \$ 86 =	\$
Total Additional Fee						\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p>[ X ] Applicant claims small entity status. See 37 C.F.R. 1.27.</p> <p>[ ] Please charge Deposit Account No. 08-0380 in the amount of \$[ ]. A duplicate copy of this sheet is enclosed.</p> <p>[ X ] The Commissioner is hereby authorized to charge any deficiency in fees under 37 C.F.R. 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0380. A duplicate copy of this sheet is enclosed.</p> <p>[ X ] A check in the amount of \$ 385 to cover the filing / additional fee is enclosed.</p>									
<u>10/22/03</u> Date				 Signature of Applicant, Attorney or Agent of Record					
				Leo R. Reynolds, Esq.                      Reg. No. 20,884 Typed or printed name					